

<b>Case Number:</b>	CM14-0129022		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 49 year old female was reportedly injured on 11/12/2013. The mechanism of injury is noted as a trip and fall. The most recent progress note, dated 7/13/2014. Indicates that there are ongoing complaints of left knee pain. The physical examination is handwritten and states left knee: range of motion flexion 110 degrees, extension 20 degrees, muscle strength 3/5, nothing else listed on physical exam for this data service. No diagnostic studies are available for review. Previous treatment includes physical therapy, cortisone injections, acupuncture, medications, and trigger point injections. A request was made for Kneehab XP and was not certified in the preauthorization process on 7/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**1 left kneehab XP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES devices).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), and the Official Disability Guidelines (ODG) provide no support for the use of Localized Intense Neural Stimulation Therapy for the compensable injury cited. Furthermore, the guidelines do not recommend various electric stimulation therapies due to lack of evidence based trials suggesting benefit. However, there is guideline support for other, better studied stimulation therapies where intervention trials have suggested benefit. Without additional evidence based supported documentation to identify the efficacy and utility of the program requested, compared to more efficacious and supported evidence based programs, the request for Left Kneehab XP is deemed not medically necessary.